

Case No. 70751VIA FACSIMILE NO. 571-273-8300MAIL STOP RCE  
COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450RECEIVED  
CENTRAL FAX CENTER

MAY 30 2006

In re Application of: **ALHADDAD**  
 Serial No.: **09/990,871**  
 Filed: **NOVEMBER 16, 2001**  
 For: **AUTOMATED BUSINESS FORM INFORMATION ACQUISITION SYSTEM**

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Applicant qualifies as a small entity under 37 CFR § 1.27.  
☐ A verified statement to establish small entity status under 37 CFR § 1.27 is enclosed.  
☐ No additional fee is required.

The fee has been calculated as shown below:

|  | (Col. 1)                                  | (Col. 2)                              | (Col. 3)         |  | SMALL ENTITY          |        |           | LARGE ENTITY          |     |
|--|---|---------------------------------------|------------------|--|-----------------------|--------|-----------|-----------------------|-----|
| FOR:   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |  | RATE                  | FEE    |           | RATE                  | FEE |
| TOTAL<br>CLAIMS  | 29  | 20                                    | 9                |  | X 25                  | \$ 225 | <u>OR</u> | X 50                  | \$  |
| INDEPT<br>CLAIMS   | 3   | 3                                     |                  |  | X 100                 | \$     | <u>OR</u> | X 200                 | \$  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |                                       |                  |  | + 180                 | \$     | <u>OR</u> | + 360                 |     |
|  |   |                                       |                  |  | TOTAL<br>ADD'L<br>FEE | \$ 225 |           | TOTAL<br>ADD'L<br>FEE | \$  |

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The  
 "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the  
 equivalent box in Col. 1  
 of a prior amendment of the number of claims originally filed.

- ☒ Authorization is given to charge the credit card as identified on the attached Credit Card Payment Form, PTO-2038 (02-2003) in the amount of \$225.00 for additional claim fees.
- ☒ The Commissioner is hereby authorized to charge or credit any discrepancies in fee amounts to Deposit Account No. 01-0484.
- ☒ **PLEASE ADDRESS ALL CORRESPONDENCE TO ATTORNEY OF RECORD: CHARLES E. WANDS**
- ☒ Please associate this application with Customer No. 27975.

May 30, 2006  
DATE
  
 CHARLES E. WANDS  
 REG. NO. 25,649

Customer No.: 27975

Telephone (321) 725-4760